

# Retiree Report

October, 2003

A Quarterly Publication from the  
Fairfax County Retirement Agency

## Open Enrollment Oct. 1 - Oct. 31, 2003

### Changes Become Effective January 1, 2004

*Included in this package is a special Courier Supplement specifically addressing retiree related information. Open Enrollment gives retirees the opportunity to make changes in health and dental insurance coverage. The rate sheet included in this Retiree Report is designed to give you specific information as you make your benefit plan decisions.*

Please let us know if you plan to make changes to your health and/or dental coverage by sending us an enrollment/change form. These forms are available by calling the Retirement Administration Agency (RAA) and telling us which plan form(s) you need (e.g. CareFirst, CIGNA, Kaiser, Dental Benefit Providers and/or Dominion Dental). **703-279-8200 or 1-800-333-1633**

If you choose to receive a new CareFirst Benefits Handbook, including information on the FairChoice+ BlueChoice Point of Service Plan **and** the BlueCard PPO, call the RAA and request the CareFirst enrollment packet. If you choose to receive new plan information for Kaiser or CIGNA, please call the RAA at the numbers above and we will send a packet for those plans out to you upon request as well. Each of these packets will include an enrollment/change form. **ALL CHANGE FORMS should be returned to the Retirement Agency, 10680 Main Street, Suite 280, Fairfax, VA 22030.** Please **DO NOT** return forms to CareFirst or the Department of Human Resources. It is not necessary for you to submit an enrollment/change form if you do not plan to make any changes. If you are making a change to your Primary Care Physician, address, phone number or other personal information, please mark your form in the upper right hand corner with the words "Change of \_\_\_\_\_". This note will help us expedite the enrollment process on our end.

### CareFirst Help Desk in Benefits

A representative from CareFirst is available in the HR Benefits Office to handle claims issues for FairChoice+ BlueChoice and Blue Preferred PPO members. If you have claims questions or concerns, you may call the representative at (703) 324-3474. The help desk is located in Suite 258 of the Government Center. Appointments are recommended.

If you have questions about enrollment, eligibility or deductions from your annuity, please call the Retirement Agency at 1-800-333-1633. Linda Trapal at (703) 279-8216 or Bao-Loc Nguyen at (703) 279-8230 will be happy to help you.

# CY 2004 Health Insurance Monthly Premiums for Retirees

*Rates Effective January 1, 2004 through December 31, 2004*

## Health Insurance Plan Options

Rates for ALL  
Retirees  
(without subsidy)

### ***FAIRCHOICE+ BlueChoice***

Individual -----	\$386.63
1 Individual with Medicare -----	270.00
2 Individuals -----	759.79
2 Individuals - 1 with Medicare; 1 without Medicare -----	650.96
2 Individuals with Medicare -----	534.36
Family -----	1,117.41
Family - 1 Medicare -----	1,058.71
Family - 2 Medicare -----	1,000.01
Family - 3 Medicare -----	941.31

### ***Blue Preferred PPO***

Individual -----	\$ 444.61
1 Individual with Medicare -----	310.51
2 Individuals -----	873.76
2 Individuals - 1 with Medicare; 1 without Medicare -----	748.61
2 Individuals with Medicare -----	614.50
Family -----	1,285.03
Family - 1 Medicare -----	1,226.33
Family - 2 Medicare -----	1,167.63
Family - 3 Medicare -----	1,108.93

### ***CIGNA***

*Please Note: CIGNA does not provide a Medicare Risk Plan - If you are age 65 or over, **DO NOT** choose CIGNA as your provider.*

Individual -----	\$ 305.23
2 Individuals -----	592.95
Family -----	886.30

### ***KAISER-PERMANENTE***

Individual -----	\$ 275.10
2 Party -----	536.43
Family -----	797.77
Individual with Medicare -----	231.02
2 Individuals with Medicare -----	462.04
1 Individual with Medicare; 1 without Medicare -----	506.12

If you are currently **NOT** enrolled in a County-offered health/dental plan, you are **NOT** eligible to enroll!

# Who pays for retiree health and dental benefits?

Retirees pay the full cost of their health and/or dental insurance premiums. Health and Dental insurance premiums are listed on page 2. Retirees age 55 or older, or those retired on a disability, receive a monthly subsidy from the County toward the cost of a County health plan.

Subsidy amounts are reflected in the table below:

Years of Service at Retirement:	Monthly Subsidy for a retiree age 55 - 65	Monthly subsidy for a retiree over age 65 <small>(Note: Subsidy payments for retirees over age 65 are adjusted for Medicare)</small>
5 - 9	\$25	\$15
10 - 14	\$50	\$25
15 - 19	\$125	\$75
20 - 24	\$150	\$100
25 or more	\$175	\$125

Retirees who received the \$100 subsidy prior to July 1, 2003 have been grandfathered at that level unless their years of service entitle them to receive a higher monthly subsidy as indicated in the table.

***Surviving spouses are only entitled to a subsidy if they receive a Joint and Last Survivor benefit.***

Fairfax County reserves the right to change or terminate the benefit provided or adjust the premium at any time. If you are not covered by a County life, health or dental plan at retirement, you are not eligible for retiree coverage.

Retirees can pay their share of their health and/or dental insurance premiums in one of two ways: 1.) The cost will be deducted from the monthly annuity in the month prior to the month of coverage. 2.) If the individual does not receive an annuity or if the retiree's check is not large enough to cover the monthly premiums, the retiree must pay any amount not covered by their annuity by mailing a personal check to the Retirement Agency. Personal checks must be received by the Retirement Agency by the 10<sup>th</sup> of the month to cover the next month's coverage.

## Dental Plan Options

<b>DENTAL BENEFIT PROVIDERS (DBP) DHMO</b>	<b>Monthly Premium</b>
Individual -----	\$18.42
2 Individuals -----	\$31.30
Family -----	\$43.38

### **DOMINION DENTAL DHMO**

Individual -----	\$15.56
2 Individuals -----	\$26.62
Family -----	\$37.74

### **DOMINION DENTAL PPO**

Individual -----	\$41.28
2 Individuals -----	\$70.58
Family -----	\$97.42

**Dental Notes:** There are NO claim forms to file under a DHMO plan. Claim forms for the PPO plan should be mailed to **Dominion Dental Services, Inc. 111 Ryan Court, Suite 300, Pittsburgh, PA 15205-1324**. Dentists may use the standard American Dental Association approved dental claim form, or PPO members may request forms from Dominion by calling **1-888-518-5338**. To check the status of a claim for the PPO plan, call 1-888-391-3374.

Please note that the PPO plan requires all dentists to obtain pre-approval for many services. See the Benefit Summary Handbook for more details.

**The County does NOT contribute toward the dental premiums.**

Premiums are deducted monthly, in the month prior to coverage.

**Remember! If you discontinue your health or dental coverage, you are NOT eligible to regain coverage through Fairfax County!**

## The Retirement Agency's Personal Check policy changed July 1, 2003.

The cost of a retiree's insurance premiums is deducted from the retiree's monthly annuity in the month prior to the month of coverage. If the individual does not receive an annuity or if the retiree's check is not large enough to cover the monthly premiums, the retiree must pay the amount not covered by their annuity by mailing a personal check to the Retirement Agency.

Personal checks **MUST** be received by the Retirement Agency by the 10<sup>th</sup> of the month to cover the NEXT month's coverage (e.g. your premium due for coverage in January, 2004 must be received by December 10th, 2003). This December payment **MUST** reflect the new premium amounts listed on the previous pages. Payment for February coverage should be received by the Retirement Agency no later than the 10th of January, and so on.

Failure to make health and dental insurance payments on time may result in cancellation of the retiree's insurance coverage.

Please remit personal checks, made payable to County of Fairfax, enrollment forms and change forms concerning retiree health/dental coverage to:

**Retirement Agency**  
10680 Main Street, Suite 280  
Fairfax, VA 22030  
(703) 279-8200 (800) 333-1633  
fax: (703) 273-3185

**Walk-in hours are 11:00am - 2:00pm**  
Monday through Friday  
All other hours  
are by appointment only

**N** Retirees may **decrease** coverage (drop coverage or drop family  
**O** members from their insurance) **at any time**. However, levels of cover-  
**T** age may only be increased outside of an open enrollment period due  
**E** to a qualifying change in status. (See pages 32-34 in the *Benefits Summary Handbook* included in this mailing for more information.)

## Retirees and spouses with

**CareFirst health insurance are required to**

**submit a copy of their Medicare card** showing that they have both Part A and Part B coverage as soon as they become eligible to receive it. Retirees should apply for Medicare Part B three months prior to their 65th birthday and submit proof of coverage to the Retirement Agency as soon as they receive their card. Those who forget or those who choose not to accept Part B will be placed in the County's penalty group and will have to pay, out-of-pocket for any medical expenses that Medicare would have paid. Remember, while you have to pay for Medicare Part B, those retirees enrolled in FairChoice+ with Medicare coverage receive a lower rate than those without Medicare. Please do not turn down Medicare Part B coverage - it can be a costly mistake for you and your family. Medicare will also add a 10% penalty to your premium for Part B for each 12 months that you could have been covered by Part B but elected not to enroll. The only exception is for periods when you were covered by an employers' (not retirees') health insurance plan through your or your spouse's employer. After a retiree receives Medicare coverage, Medicare becomes the primary source for payment of claims, and the Fairfax County Group (FCG) health plan becomes secondary.

**Kaiser** members who reach age 65 please refer to page 26 in the Benefit Summary Handbook.

**CIGNA** members who reach age 65 must change to another plan (if one family member reaches age 65, the member must make a change for all.)

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